

UNITED STATES DISTRICT COURT
FOR THE
DISTRICT OF NEW HAMPSHIRE

CARL ALEXANDER COHEN,

Plaintiff,

v.

Docket No. 1:20-CV-00943

BOSTON SCIENTIFIC CORPORATION, REPUBLIC
SURGICAL, INC., MEDWORX, INC., ALEXANDRE
R. MOUCHATI AND DOES 1-20, INCLUSIVE, AND
JOHN DOE ENTITIES 11-20 INCLUSIVE,

Defendants.

**DEFENDANT ALEX MOUCHATI'S FIRST REQUEST FOR
PRODUCTION OF DOCUMENTS TO PLAINTIFF**

The defendant, Alex Mouchati., pursuant to Rule 35 of the New Hampshire Federal Court, requests that the plaintiff, Carl Alexander Cohen, produce the documents listed below for inspection and copying.

DEFINITIONS

As used herein, the word "document" or "documents" includes, without limitation, any X-rays and other films or radiographs, original, and all copies, of any writings, memoranda, photographs, tapes or other sound or video recordings, contracts, agreements, invoices, checks, statements, receipts, letters, notes, telephone logs, diaries, calendar entries, telegrams, telexes, or other forms of communication or correspondence, books, catalogs, pamphlets, periodicals, lists, brochures, reports, minutes, books or records of account, schedules, tax returns, computer printouts, tapes or memories, photostats, microfilm, or other written information, in whatever form, which is in the custody or possession or under the control of the plaintiff.

"Incident" or "accident," as used herein, shall refer to the accident alleged in the plaintiff's complaint.

"Statement" means any document or tape recording that constitutes, or refers to, a discussion, conversation, declaration, or description of the accident or its consequences.

If the plaintiff withholds documents requested herein under any claim of privilege or work-product immunity, a request is hereby made to list and sufficiently identify the documents so that they may be appropriately described in a motion to compel their production

REQUESTS

1. All reports, memoranda, notices, letters and any other correspondence at any time during the period from the date of the alleged incident to date, in any way concerning or related to any of the events, occurrences and allegations contained in your Complaint between you, your agents, servants, employees or attorneys, and:
 - (a) the defendant, his agents, servants, employees or attorneys;
 - (b) any governmental or municipal entity or agency thereof; and
 - (c) any insurance company or companies providing insurance to you for any portion of the loss sustained by you as a result of the incident alleged in the Complaint, and the agents, servants, employees or attorneys of said insurance company or companies.
2. All reports, statements, memoranda, notices, documents and all other papers or documents maintained by you and/or in your possession or in the possession of your agents, servants, employees or attorneys, in any way concerning or related to any of the events, occurrences and allegations in your Complaint.
3. The original or a copy of the full and complete policy or policies of insurance, including declarations page, jackets, riders and endorsements, naming or including you as insured, which was in effect at any time during the period from the date of the alleged incident to date and under which you individually or as administrator have received, or have made claim for, any payment on account of, or as a result of, the incident alleged in your Complaint.
4. Originals or copies of all bills, invoices, estimates or statements, paid or unpaid, rendered to you, your agents, servants, employees or attorneys, by any person or entity on account of the damages and expenses allegedly sustained and incurred by you as a result of the events and occurrences alleged in the Complaint.
5. True and complete copies of the Federal Income Tax Returns for the years 2013 through present.
6. All books, documents or other records showing your income from any source for the years set forth in paragraph 5.
7. All copies of W-2 or other forms transmitted to you by all employers of or by other persons or entities and reflecting payments made for the years set forth in paragraph 5.
8. Originals or copies of all bills, invoices, estimates or statements, paid or unpaid, rendered to you, your agents, servants, employees or attorneys, for charges of physicians, surgeons, therapists, hospitals, sanitaria, x-ray laboratories or other institutions for services rendered or appliances furnished to you as a result of the incident alleged in the Complaint.

9. All medical records, surgical records, x-ray reports, x-ray films, MRIs, MRI reports, slides, mental health records, writings, notes or other memoranda relating in any way at all to any physical, medical or mental health conditions, illnesses or disabilities including but not limited to those of doctors, nurses, practitioners, hospitals, clinics, institutions or other health care providers or insurers, without regard to whether it is your contention that any such physical, medical or mental health conditions, illnesses or disabilities were caused in any way by the defendant or by any agent, servant or employee of the defendant from 2000 to the present.
10. All of your employment and work records including but not limited to the names and addresses of all employers, the records of the dates lost from work for any reason whatsoever, and the employment income lost during the period of time commencing five years before the date of the incident alleged in the Complaint.
11. Originals or copies of any writings or statements, signed or unsigned, or transcribed concerning this action, its subject matter, or any of the events and occurrences alleged in the Complaint previously made by:
 - (a) the defendant, his agents, servants, employees or attorneys; and
 - (b) any insurance company or companies providing insurance to you for any portion of the loss sustained by you as a result of the incident alleged in the Complaint, and the agents, servants, employees or attorneys of said insurance company or companies.
12. All notes, memoranda and all other written records made or received by the plaintiff, his agents, servants or employees, concerning any meeting or meetings, telephone conversation or conversations that occurred during the period from the date of the alleged incident referred to in your Complaint to date, between the plaintiff, his agents, servants or employees, and the defendant, his agents, servants, employees or attorneys.
13. All photographs of any condition caused or treated by defendant.
14. Duly executed authorizations for medical records from any and all hospitals, doctors, nurses, or other practitioners by whom the Plaintiff was examined or treated for injuries sustained in the accident alleged in the complaint (authorizations attached).
15. Duly executed authorizations for wage and salary information from your employer at the time of this accident (authorization attached).
16. The product of any component that are the subject of the plaintiff's complaint.


Respectfully submitted,

The Defendant,

By Its Attorneys,

MORRISON MAHONEY LLP

By



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Phone: 617-439-7500
Fax: 617-342-4887

CERTIFICATE OF SERVICE

I, William Joseph Flanagan, attorney for the defendants, hereby certify that I have this day served the foregoing **Defendant's First Request for Production of Documents to Plaintiff** to all counsel of record in this action by mailing same, by first class mail, postage prepaid to:

Benjamin R. Novotny, Esq.
Trial Lawyers for Justice
421 W. Water Street, 3rd Floor
Decorah, IA 52101

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466 Central Avenue, Suite 2
PO Box 869
Dover, NH 03821

Anne Dieruf, Esq.
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5445 DTC Parkway, Suite 1000
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Emily D. Steeb, Esq.
Michael J. Carroll, Esq.
Faegre Drinker Biddle & Reath
311 S. Wacker Drive, Suite 4300
Chicago, IL 60606

Lauren Pritchard, Esq.
Edward J. Sackman, Esq.
Bernstein Shur P.A.
670 N. Commercial Street
PO Box 1120
Manchester, NH 03105

Dated: 1/25/21

Attorney: 
William Joseph Flanagan

AUTHORIZATION FOR WAGE AND SALARY INFORMATION

This authorization or photocopy thereof will authorize you to furnish to the law firm of Morrison Mahoney LLP all information you may have regarding any employment and any wages or salary or days worked while employed by you.

Date: _____

Signature: _____

Name: Carl Alexander Cohen

Address: _____

Social Security

No.: _____

